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Original Research Article Outline:

THE INFLUENCE OF PEER GROUP SUPPORT ON STUNTING PREVENTION BEHAVIOR IN MOTHERS OF CHILDREN UNDER FIVE YEARS OF AGE 0-5 YEARS OLD

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ABSTRACT

Introduction. Stunting or shortness of stature is a condition of not achieving one of the health indicators characterized by a child's lower height (TB) when compared to other children of the same age. Stunting can cause adverse effects on a person's survival. The purpose of this study is the effect of peer group support on the prevention of stunting in mothers who have children under five years of age 0-5 years. **Methode.** This research is a Quantitative research with a cross sectional design conducted in the working area of the Sangkapura Health Center, Suwari Village, Gresik Regency. The population of this study amounted to 64 people with a sample size of 55 mothers. Sampling technique with porpusive sampling technique, analyzed univariate and bivariate using wilcoxcon test. **Result & Analysis.** The results of the research analysis showed that out of 55 mothers, most (85.5%) had good knowledge about stunting prevention, most mothers (90.0%) had a positive attitude, most mothers (89.1%) had positive behavior. A value of (p=0.000) was obtained (α <0.05). **Discussion.** Based on these results, the hypothesis H1 is accepted and H0 is rejected, which shows that there is an effect of knowledge, attitudes and behavior of Peer Group Support on Stunting Prevention in mothers who have children under five years of age 0-5 years.

Keywords : Toddlers, Peer Group Support, Stunting.

INTRODUCTION

Stunting, or short stature, is a condition where a child fails to achieve certain health indicators, characterized by a child's height being lower than that of other children of the same age. Stunting can negatively impact a person's survival. Short-term impacts of stunting can include impaired brain development, impaired intelligence, impaired physical growth, and impaired metabolism.

The United Nations Children's Fund (UNICEF) states that one-third of toddlers experience stunting in countries with low economic and social levels. According to The Lancet, the prevalence of stunting reached 28.5% worldwide and 31.2% in countries with low economic and social levels. The prevalence of stunting in Indonesia was 24.4% in 2021. The percentage of stunted toddlers based on the main results of the 2021 basic health research shows that performance achievement was 207.76%. According to the results of the 2023 Indonesian Health Survey published by the Ministry of Health, the prevalence of stunting in Indonesia is currently at 21.5 percent. This figure is only 0.1 percent lower than the 2022 Indonesian Toddler Nutritional Status Survey data of 21.6 percent. The realization of stunting reduction can be said to be still far from the target of 14 percent by 2024 (Putri & Inayah, 2023). In East Java, the prevalence of stunting in toddlers is 32.81 percent, and based on the Electronic Community-Based Nutrition

Recording and Reporting (EPPGBM), as of July 20, 2019, it reached 36.81 percent, this prevalence rate is higher than the national prevalence. (Marzuki, 2019). In Gresik Regency, the prevalence of stunting in toddlers in 2018 was 12.4 percent, 11.1 percent in 2019, and increased to 12.4 percent in 2020. At the Sangkapura Community Health Center, the prevalence of stunting in toddlers in 2024 was 378 in October, and increased to 394 in November and 392 in December. Although there was a decrease of 2 toddlers, the stunting rate in the Sangkapura Community Health Center area of Suwari Village is still high, while the target stunting rate at the Sangkapura Community Health Center in Suwari Village is 0 toddlers.

Stunting is caused by poor nutrition experienced by pregnant women and toddlers, as well as limited health services such as antenatal care and postnatal care, lack of access to nutritious food, and mothers' lack of knowledge about health and nutrition before and during pregnancy, until the mother gives birth (Arnita et al., 2020). Stunting can result in impaired nutrient absorption due to infections/parasites in the digestive tract, so that stunting also causes developmental disorders in early childhood, leading to reduced cognitive and motor skills in children, in addition to negatively impacting emotional development, behavior, education, and other abilities (Ariestiningsih et al., 2022).

Stunting is also caused by poverty at the community and household level, which reduces access to healthy and nutritious food. Stunting can also be directly caused by the interaction between nutritional deficiencies in food, both quantity and quality, due to infectious diseases such as diarrhea, which reduce access to healthy and nutritious food. Other factors can also cause stunting in children, starting with inadequate breastfeeding, insufficient quality and quantity of complementary foods during infancy. So stunting can result in impaired absorption of nutrients due to infections or parasites in the digestive tract (Arnita et al., 2020).

Stunting in toddlers is also a national issue that continues to be in the spotlight, making it crucial to find solutions immediately. These include implementing specific nutritional interventions aimed at the first 1,000 days of life and establishing peer support groups, groups of people with similar interests and goals to prevent stunting for mothers of vulnerable toddlers aged 0-5 years (Arnita et al., 2020). Peer support is also a form of support provided by individuals with similar age, background, or experience. This support can be emotional, informational, or instrumental, helping individuals navigate the challenges that come with stunting prevention. The relationship between peer group support and stunting is also very significant because peer group support can prevent stunting in several ways such as increasing knowledge peer group support can also increase awareness and knowledge about the importance of balanced nutrition, reproductive health, and child care, behavioral changes support from peer groups can also encourage healthy behaviors such as consuming nutritious food, doing physical activity, and using health facilities, stress management peer group support can also help manage stress that can affect maternal and child health and increase motivation support from peer groups to motivate mothers to maintain their own and their children's health (Arnita et al., 2020). The weaknesses of peer group support in preventing stunting are: dependence on individual groups, being too dependent on groups and not developing personal decisions, social pressure group members may feel forced to follow negative behavior, and many limitations in knowledge that allow groups to not have sufficient knowledge about nutrition and health (Munir & Audyna, 2022).

Mothers play a crucial role in meeting the family's nutritional needs. However, not all mothers understand the importance of a balanced diet for their families, resulting in children's growth and development not being optimal for their age. Children's nutritional needs include protein, fat, carbohydrates, vitamins, and minerals (Hidayah et al., 2022).

Therefore, from the above background, the researcher is interested in conducting research entitled the influence of peer group support on stunting prevention behavior in mothers who have toddlers aged 0-5 years.

METHOD AND ANALYSIS

This study is a quantitative study with a cross-sectional design conducted in the working area of the Sangkapura Community Health Center, Sangkapura District, Suwari Village, Gresik Regency. The study population consisted of 64 people with a sample size of 55 mothers. The sampling technique used purposive sampling technique, analyzed univariately and bivariately using the Wilcoxon test.

This research was conducted in the working area of Sangkapura Health Center in Suwari Village on June 3-11, 2025. This research has been approved by the Health Research Ethics Committee. Research Ethics No. 138/KEPK/F/VII/FIK/2025. The instrument used was a questionnaire. The researcher provided the permit letter from the Head of the Sangkapura Community Health Center to the Village Head of Suwari to conduct the research. The researcher approached the respondents; 1)The researcher explained the research, including its aims and objectives, benefits, and steps; 2)The researcher distributed knowledge, attitude, and behavior questionnaires to respondents; 3)After respondents completed the questionnaires, they were returned to the researcher; 4)The researcher conducted health education sessions on the influence of peer group support on stunting prevention with respondents in several phases. A)Preparation Phase : Identifying target mothers, conducting outreach and forming 12 groups of 4-5 people. The program plan consisted of providing outreach on examples of preparing complementary foods (MPASI) and providing outreach on stunting prevention, along with preparing the necessary resources, location, and equipment. B)Implementation Phase : Initial meeting with introduction, orientation, and program objectives. Counseling sessions were then held, followed by discussions on nutrition, health, and childcare for mothers attending the outreach. A Q&A session was conducted with respondents regarding the preparation of balanced complementary foods (MPASI), and emotional support, counseling, and motivation. C) Evaluation Phase : Evaluating participant satisfaction with theeffectiveness of the research findings; 5)Researchers distributed knowledge, attitude, and behavior questionnaires to respondents after receiving health education on the influence of peer group support on stunting prevention; 6)Researchers then processed the data obtained from respondents using a computer program.

RESULT

Table 1. Respondent CharacteristicsBased on Age, Education and Occupation

Characteristic	f	Precentage (%)
Age		
20-30 years	40	72.7
31-40 years	13	23.6
41-45 years	2	3.6
Education		
elementary school	9	16.4
Junior high school	11	20
seniorHigh School	31	56.4
Bachelor 1	4	7.3
Occupation		
Housewife	52	94.5
government employes	3	5.5
Total	**55**	**100**

Based on Table 1 in the respondent age section, it can be seen that of the 55 respondents, most were aged 20-30 years (72.7%) with a frequency of 40 respondents, most showed their last education was high school (56.4%) with a frequency of 31 respondents, and most of them were housewives (94.5%) with a frequency of 55 respondents.

Table 2. Frequency distribution based on knowledge of mothers who have children aged 0-5 years before and after being given counseling on peer group support for stunting prevention

No	Knowledge	Pre		Post	
		F	%	F	%
1	Insufficient	41	72.7	2	3.6
2	Sufficient	14	23.6	3	5.5
3	Good	0	0	50	85.5
Total		**55**	**100**	**55**	**100**

Table 2 shows that of the 55 respondents before being given counseling about the influence of peer group support on stunting prevention by distributing knowledge questionnaires, 41 respondents (72.7%) got less. After being given counseling about the influence of peer group support on stunting prevention by distributing knowledge questionnaires, there were 47 respondents (85.5%). 2. Distribusi Frekuensi Berdasarkan Sikap Pada Ibu yang Mempunyai Anak Balita Usia 0-5 Tahun Sebelum dan Sesudah diberikan Penyuluhan tentang *Peer Group Support* terhadap Pencegahan *Stunting.*

Table 3. Frequency Distribution Based on Attitudes of Mothers with Children 0-5 Years of Age Before and After Counseling on Peer Group Support for Stunting Prevention

No	Attitude	Pre		Post	
		F	%	F	%
1	Negative	21	37.5	5	9.1
2	Positive	34	60.7	50	90.9
Total		**55**	**100**	**55**	**100**

Table 3 shows that of the 55 respondents before being given counseling about the influence of peer group support on stunting prevention by distributing attitude questionnaires, 21 respondents (37.5%) were negative. And after being given counseling about the influence of peer group support on stunting prevention by distributing attitude questionnaires, 50 respondents (90.9%) were positive.

Table 4. Frequency Distribution Based on Behavior in Mothers Who Have Children Aged 0-5 Years Before and After Counseling on Peer Group Support for Stunting Prevention

No	Behaviour	Pre		Post	
		F	%	F	%
1	Negative	44	80	6	10.9
2	Positive	11	20	49	89.1
Total		**55**	**100**	**55**	**100**

Table 4 shows that of the 55 respondents before being given counselling on the effect of peer group support on stunting prevention by distributing attitude questionnaires, 44 respondents (80.0%) were negative.) After being given counselling about the influence of peer group support on stunting prevention by distributing positive attitude questionnaires as many as 49 respondents (89.1%).

Table 5. Wilcoxon Pre-Post Test Statistical Test Results Knowledge

No.	Knowledge	Pre		Post	
		F	%	F	%
1	Insufficient	41	72.7	2	3.6
2	Sufficient	14	23.6	3	5.5
3	Good	0	0	50	85.5
	Total	**28**	**100**	**28**	**100**
***Wilcoxon signed rank test: p*-value = 0.000 (α < 0.05)**					

Table 5 shows that the knowledge before and after being given peer group support counselling on stunting prevention by giving koisiuner, was found to be less than 41 respondents (72.7%). After the counselling was good as many as 50 respondents (85.5%). The results of statistical tests conducted with the Wilcoxon test, obtained the results of 55 respondents obtained a value ($p = 0.000$) ($\alpha < 0.05$). Based on these results, the H1 hypothesis is accepted and H0 is rejected, which shows that there is a positive effect of Peer Group Support knowledge on Stunting Prevention in mothers who have children under five years of age 0-5 years as many as 55 respondents.

Table 6. Statistics Wilcoxon Pre-Post Test

No.	Attitude	N	Mean	Sum
1	Negative	8	30.69	1442.50
2	Positive	47	12.19	97.50
Wilcoxon signed rank test: p-value = 0.000 (α < 0.05)				

Table 6. shows that the attitude before and after being given peer group support counselling on stunting prevention by distributing attitude koisiuner, obtained negatively with a total of 8 respondents with a mean of 30.69 and a sum of 1442.50, positively with a total of 47 with a mean of 12.19 and a sum of 97.50. The results of statistical tests conducted with the Wilcoxon test with 55 respondents obtained a value of (p = 0.000) (α < 0.05). Based on these results, the hypothesis H1 is accepted and H0 is rejected. Indicating that there is a positive effect of Peer Group Support attitude on Stunting Prevention in mothers who have children under five years of age 0-5 years as many as 55 respondents.

Tabel 7. Statistik *Wilcoxon Pre-Post Test*

No.	Behaviour	N	Mean	Sum
1	Negative	00	.00	.00
2	Positive	55	28.00	1540.00
***Wilcoxon signed rank test:* p-value = 0.000 (α < 0.05)**				

Table 7. shows that the behaviour before and after being given peer group support counseling on stunting prevention by distributing behavioural questionnaires, obtained positively with a total of 55 respondents with the mean 28.00 and sum 1540.00. The results of statistical tests conducted with the Wilcoxon signed rank test obtained a value of (p = 0.000) (α < 0.05). Based on these results, the hypothesis H1 is accepted and H0 is rejected, which shows that there is an effect of Peer Group Support behaviour on Stunting Prevention in mothers who have children under five years of age 0-5 years as many as 55 respondents.

DISCUSSION

Knowledge of mothers who have children under five years of age 0-5 years about peer group support for stunting prevention

Based on the results of the study before being given counseling about the influence of peer group support on stunting prevention by distributing knowledge questionnaires, 41 respondents (72.7%) got less. After being given good 50 respondents (85.5%). Mothers who have high knowledge have good stunting prevention efforts. The results of the wilcoxcon statistical test can be known (p = 0.000) (α < 0.05).

With the findings in our study, in line with research (Nurlaela Sari et al., 2023) that the level of knowledge of mothers regarding stunting is still very minimal, therefore it is very effective to carry out counseling, not only that, their knowledge has also increased through counseling activities and they are better committed to accompanying children's growth and development (Puspitasari et al., 2021).

Based on the level of stunting knowledge, it also determines whether or not it is easy for a mother to absorb and understand the nutritional knowledge obtained. Parents with relatively higher knowledge will have a better view of the fulfillment of family nutrition compared

to parents who have low knowledge (Margawati and Astuti, 2018). In addition, parental stunting knowledge is an important factor in child development. This is because the knowledge of people who can provide all the necessary information about their children's health (Rahayu A, Khairiyati, 2014). The level of knowledge of stunting affects feeding in the family, thus affecting the nutritional status of children under five, in addition to parental education is very necessary for the physical and mental development or intelligence of children (Asikin et al., 2019). In addition, one of the causes of nutritional disorders is a lack of nutritional knowledge and a person's ability to apply information about nutrition in daily life. This is related to her role in the formation of children's eating habits, because it is the mother who prepares food from organizing menus, shopping, cooking, preparing food, and distributing food (Hidayani, 2020).

Based on the results of the study after counseling, 50 respondents (85.5%) had good knowledge. High knowledgeable mothers have good prevention efforts to prevent stunting. If the mother has high knowledge (primary prevention) with improved health (health promotion), namely improving the health status of the community by providing health counseling to the community, especially among mothers who have children under five.

Attitudes of mothers of children under five years of age 0-5 years about peer group support for the prevention of stunting

Based on the results Before being given counseling on the influence of peer group support on stunting prevention by distributing attitude questionnaires, 21 respondents (37.5%) were negative and 34 respondents (60.7%) were positive. After the counseling, the results were negative 5 respondents (9.1%) and positive 50 respondents 50 (990.0%). Having positive prevention efforts towards stunting prevention. The statistical test results of the wilcoxcon test can be seen ($p = 0.000$) ($\alpha < 0.05$). So it can be concluded that there is a meaningful or significant relationship between maternal attitudes and efforts to prevent stunting after peer group support counseling on stunting prevention.

This is in accordance with the theory put forward by Lawrence Green (1980) in Notoatmodjo (2014) that health behavior is influenced by 3 factors, namely predisposing factors which are manifested in knowledge, attitudes, beliefs, beliefs, values and so on, enabling factors which are manifested in the physical environment, available or unavailable health facilities or facilities, such as health centers, medicines, latrines and so on, and reinforcing factors which are manifested in the attitudes and behavior of health workers or other officers who are the reference group of community behavior. Maternal attitudes including in child feeding are important in preventing stunting. According to Angriani et al, 2019 Mothers who have a positive attitude, provide exclusive breastfeeding and breast milk until the age of 2 years, can prevent stunting in children.

Based on the results of the study, it can be interpreted that high knowledge supported by a good attitude will be reflected in positive behavior. So it can be interpreted that high knowledge with a good attitude can be realized in good prevention efforts. The results of the research analysis found that most (90.9%) mothers who have a good attitude have prevention efforts. Efforts to prevent stunting are not only carried out by mothers but must also be supported by health workers.

Behavior of mothers of children under five years of age 0-5 years about peer group support for the prevention of stunting

Based on the results Before being given counseling on the influence of peer group support on stunting prevention by distributing behavior questionnaires, 44 respondents (80.0%) were negative and 11 respondents (20.0%) were positive. After getting negative 6 respondents (10.9%) and positive 49 respondents (89.1%). The results showed that there was an effect of peer group support implementation on increasing maternal behavior in preventing stunting with a positive significant value on stunting prevention with the results of the wilcoxcon statistical test can be known ($p = 0.000$) ($\alpha < 0.05$).

This is in line with research conducted by Sicily (2020), that there is a significant difference in self-care behavior before and after being given peer group support in the treatment group with an average value of 28.00 negative before being given the intervention and becoming ,00 positive after being given the intervention. Maternal health behavior during pregnancy is the most important period for early detection of pregnancy problems and prevention of stunting.

Based on the results of the study, it can be interpreted that high knowledge supported by a good attitude will be reflected in positive behavior. So it can be interpreted that high knowledge with a good attitude can form good behavior, of course, it will also affect the prevention of stunting, there are many behaviors that must be changed in people's lives today, positive behavior in the health sector will have an impact on child growth and development. As we know today, the stunting that many children suffer in Indonesia is due to poor behavior during pregnancy, inadequate nutritional needs such as providing complementary foods and providing exclusive breastfeeding to children. However, the involvement of health workers as the frontline in health development is currently very important. Healthy living behavior must now be promoted in order to build a prosperous and healthy Indonesia, in order to realize a stunting-free Indonesia.

The effect of peer group support on knowledge, attitudes, and behaviors to prevent stunting in mothers of children under five years of age

Based on the results of the statistical analysis of the Wilcoxon Test, the value of $\rho = 0.000$ ($\rho > 0.05$) was obtained so that there was a significant influence before and after being given counseling on the influence of peer group support on stunting prevention.

Health counseling is highly recommended because it can increase parents' motivation to prevent stunting by means of peer group support is felt to be more attractive because of the existence of peer group support or what is commonly called a peer association, especially among mothers who mostly like to get together so that it further arouses the enthusiasm of mothers in preventing stunting through peer group support.

This research is in line with research by Andi Asrina et al (2018) which shows an increase in behavior in counseling activities using interactive media. This is also in line with the results of research conducted by Nurmilah (2014), counseling is carried out in the form of counseling with interactive media tools given handouts and given cases according to the material that is completed by presentation.

This counseling resulted in very significant behavioral changes such as increasing stunting prevention behavior in parents after counseling, significant behavioral changes in aspects such as increasing early stimulation in children, namely preparing balanced and nutritious foods and fulfilling their nutritional needs, implementing a child's diet in a day consisting of 3 main meals (morning, noon, evening), using fresh and quality food ingredients, preparing complementary foods that are balanced with child growth, providing vitamins to

children, and providing exclusive breastfeeding to children.

CONCLUSION

There is an increase in mothers' knowledge about preventing stunting in children aged 0-5 years after peer group support intervention. There is a positive change in the mother's attitude towards preventing stunting in children aged 0-5 years. There is a positive change in maternal behavior towards preventing stunting in children aged 0-5 years. There is an effect of peer group support on knowledge, attitudes and changes in maternal behavior regarding the prevention of stunting in children aged 0-5 years.

This research can Integrate peer group support counseling in stunting prevention programs to increase mothers' awareness and knowledge about stunting prevention. Participate in peer group support programs to increase knowledge and awareness about stunting prevention. Apply the knowledge gained from the peer group support program in the care of children under five and share experiences with other mothers in the peer group support program to increase awareness and motivation.

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